

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09997257

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |   |                                    |  |                                  |                  | _        | SMALL ENTITY TYPE O |                        |           | OTHER THAN          |                        |  |  |  |
|--|--|---|------------------------------------|--|----------------------------------|------------------|----------|---------------------|------------------------|-----------|---------------------|------------------------|--|--|--|
| TOTAL CLAIMS                                   |  |   | 21                                 |  |                                  |                  | ſ        | RATE                | FEE                    | ſ         | RATE                | FEE                    |  |  |  |
| FOR  |  |   | NUMBER FILED                       |  | NUMBER EXTRA                     |                  |          | BASIC FEE           | 370.00                 | OR        | BASIC FEE           | 740.00                 |  |  |  |
| TOTAL CHARGEABLE CLAIMS                        |  |   | <b>3</b> minus 20=                 |  | * 1                              |                  |          | X\$ 9=              |                        | OR        | X\$18=              | 72                     |  |  |  |
| INDEPENDENT CLAIMS                             |  |   | 9 minus 3 =                        |  | * 0                              |                  | Ì        | X42=                |                        | OR        | X84=                |                        |  |  |  |
| MULTIPLE DEPENDENT CLAIM P                     |  |   | RESENT                             |  |                                  |                  | Ì        | +140=               |                        | OR        | +280=               | 280                    |  |  |  |
| * If   | the difference i                               | in column 1 is l                            | less than ze                       | ess than zero, enter "0" in  |                                  |                  | i        | TOTAL               |                        | OR        | TOTAL               | 492                    |  |  |  |
| CLAIMS AS AMENDED - PART II                    |  |   |                                    |  |                                  |                  |          | OTHER THAN          |                        |           |                     |                        |  |  |  |
|  |  | (Column 1)                                  | •                                  | (Colu  | mn 2)<br>HEST                    | (Column 3)       | 1 -      | SMALL ENTITY        |                        | OR<br>I I | SMALL               |                        |  |  |  |
| AMENDMENT A                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                    | NUM<br>PREVI   | MBER<br>OUSLY<br>FOR             | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |  |
| MON  | Total  | *   | Minus                              | **   |                                  | =                |          | X\$ 9=              |                        | OR        | X\$18=              |                        |  |  |  |
| ME   | Independent                                    | *   | Minus                              | ***  |                                  | =                | <b>!</b> | X42=                |                        | OR        | X84=                |                        |  |  |  |
| Ľ  | FIRST PRESE                                    | NTATION OF MU                               | ULTIPLE DEF                        | PENDEN   | T CLAIM                          |                  | ]        | +140=               |                        | OR        | +280=               |                        |  |  |  |
|  |  |   |                                    |  |                                  |                  |          | TOTAL               | -                      |           | TOTAL<br>ADDIT, FEE | <u> </u>               |  |  |  |
|  |  |   | ADDIT. FEE                         |  |                                  | ADUII. FEE       |          |                     |                        |           |                     |                        |  |  |  |
| AMENDMENT B                                    |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                    | HIGI<br>NUN<br>PREV  | IMN 2) HEST MBER HOUSLY D FOR    | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |  |
|  | Total  | *   | Minus                              | **   |                                  | =                | ]        | X\$ 9=              |                        | OR        | X\$18=              |                        |  |  |  |
|  | Independent                                    | *   | Minus                              | ***  | IT 01 111                        | =                | ]        | X42≃                |                        | OR        | X84=                |                        |  |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |  |                                  |                  |          | +140=               |                        | OR        | +280=               |                        |  |  |  |
|  |  |   |                                    |  |                                  |                  | Į        | TOTAL<br>ADDIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE |                        |  |  |  |
| (Column 1) (Column 2) (Column 3)               |  |   |                                    |  |                                  |                  |          |                     |                        |           |                     |                        |  |  |  |
| AMENDMENT C                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | -                                  | HIG<br>NUI<br>PREV   | HEST<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |  |
|  | Total  | *   | Minus                              | **   |                                  | =                |          | X\$ 9=              | <u> </u>               | OR        | X\$18=              |                        |  |  |  |
| ME   | Independent                                    | *   | Minus                              | ***  |                                  | =                | ]        | X42=                | <u> </u>               | OR        | X84=                |                        |  |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                    |  |                                  |                  |          | +140=               |                        | 1         | +280=               |                        |  |  |  |
|  | If the entry in colu                           | ımn 1 is less than                          | the entry in col                   | ımn 2, wr  | ite "0" in co                    | olumn 3.         |          | +14U=<br>TOTAL      | <b></b>                | OR        | TOTAL               |                        |  |  |  |
| **   | * If the "Highest Nu<br>**If the "Highest Nu   | umber Previously F<br>umber Previously f    | Paid For" IN TH<br>Paid For" IN TH | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                  |                  |          |                     |                        |           |                     |                        |  |  |  |